



Reprinted  
February 5, 2002

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## HOUSE BILL No. 1403

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DIGEST OF HB 1403 (Updated February 4, 2002 6:37 PM - DI 44)

**Citations Affected:** IC 16-42; IC 25-1; IC 25-22.5; IC 25-23; IC 25-27.5.

**Synopsis:** Physicians, nurses, and physician assistants. Requires the medical licensing board and the state board of nursing to adopt rules requiring physicians and nurses to report on license renewal forms any continuing education hours completed during the license renewal period. Allows for random audits for verification of continuing education hours reported by physicians and nurses. Requires the health professions bureau, when notifying holders of licenses of the need to renew licenses, to include notification of the need to pay renewal fees. Provides that an application for a license, certificate, registration, or permit is abandoned if the applicant does not complete the requirements for the application within one year unless the applicant shows good cause for the delay. Authorizes: (1) a physician to delegate prescribing privileges to a physician assistant; and (2) a physician assistant to prescribe legend drugs. Restricts a physician assistant from prescribing, administering, or monitoring general anesthesia, regional block anesthesia, or deep sedation unless certain conditions are met.

**Effective:** July 1, 2002.

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### Dillon, Brown C

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January 15, 2002, read first time and referred to Committee on Public Health.  
January 29, 2002, amended, reported — Do Pass.  
February 4, 2002, read second time, amended, ordered engrossed.

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HB 1403—LS 6711/DI 77+



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Second Regular Session 112th General Assembly (2002)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2001 General Assembly.

## HOUSE BILL No. 1403

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 16-42-19-5 IS AMENDED TO READ AS  
2 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 5. As used in this  
3 chapter, "practitioner" means any of the following:

- 4 (1) A licensed physician.
- 5 (2) A veterinarian licensed to practice veterinary medicine in  
6 Indiana.
- 7 (3) A dentist licensed to practice dentistry in Indiana.
- 8 (4) A podiatrist licensed to practice podiatric medicine in Indiana.
- 9 (5) An optometrist who is:
  - 10 (A) licensed to practice optometry in Indiana; and
  - 11 (B) certified under IC 25-26-15.
- 12 (6) An advanced practice nurse who meets the requirements of  
13 IC 25-23-1-19.5.
- 14 (7) **A physician assistant certified under IC 25-27.5 who is**  
15 **delegated prescriptive authority under IC 25-27.5-5-6.**

16 SECTION 2. IC 25-1-5-4, AS AMENDED BY P.L.44-2000,  
17 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

HB 1403—LS 6711/DI 77+



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JULY 1, 2002]: Sec. 4. (a) The bureau shall employ necessary staff, including specialists and professionals, to carry out the administrative duties and functions of the boards, including but not limited to:

- (1) notice of board meetings and other communication services;
- (2) recordkeeping of board meetings, proceedings, and actions;
- (3) recordkeeping of all persons licensed, regulated, or certified by a board;
- (4) administration of examinations; and
- (5) administration of license or certificate issuance or renewal.

(b) In addition the bureau:

- (1) shall prepare a consolidated statement of the budget requests of all the boards in section 3 of this chapter;
- (2) may coordinate licensing or certification renewal cycles, examination schedules, or other routine activities to efficiently utilize bureau staff, facilities, and transportation resources, and to improve accessibility of board functions to the public; and
- (3) may consolidate, where feasible, office space, recordkeeping, and data processing services.

(c) In administering the renewal of licenses or certificates under this chapter, the bureau shall ~~issue a sixty (60) day notice of expiration to all holders of a license or certificate. The notice shall be accompanied by appropriate renewal forms: send a notice of the upcoming expiration of a license or certificate to each holder of a license or certificate at least sixty (60) days before the expiration of the license or certificate. The notice must inform the holder of the license or certificate of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the bureau, the holder of the license or certificate is not subject to a sanction for failure to renew if, once notice is received from the bureau, the license or certificate is renewed within forty-five~~ **(45) days after receipt of the notice.**

(d) In administering an examination for licensure or certification, the bureau shall make the appropriate application forms available at least thirty (30) days before the deadline for submitting an application to all persons wishing to take the examination.

(e) The bureau may require an applicant for license renewal to submit evidence proving that:

- (1) the applicant continues to meet the minimum requirements for licensure; and
- (2) the applicant is not in violation of:
  - (A) the statute regulating the applicant's profession; or
  - (B) rules adopted by the board regulating the applicant's



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1 profession.

2 (f) The bureau shall process an application for renewal of a license  
3 or certificate:

4 (1) not later than ten (10) days after the bureau receives all  
5 required forms and evidence; or

6 (2) within twenty-four (24) hours after the time that an applicant  
7 for renewal appears in person at the bureau with all required  
8 forms and evidence.

9 This subsection does not require the bureau to issue a renewal license  
10 or certificate to an applicant if subsection (g) applies.

11 (g) The bureau may delay issuing a license renewal for up to ninety  
12 (90) days after the renewal date for the purpose of permitting the board  
13 to investigate information received by the bureau that the applicant for  
14 renewal may have committed an act for which the applicant may be  
15 disciplined. If the bureau delays issuing a license renewal, the bureau  
16 shall notify the applicant that the applicant is being investigated.  
17 Except as provided in subsection (h), before the end of the ninety (90)  
18 day period, the board shall do one (1) of the following:

19 (1) Deny the license renewal following a personal appearance by  
20 the applicant before the board.

21 (2) Issue the license renewal upon satisfaction of all other  
22 conditions for renewal.

23 (3) Issue the license renewal and file a complaint under IC 25-1-7.

24 (4) Request the office of the attorney general to conduct an  
25 investigation under subsection (i) if, following a personal  
26 appearance by the applicant before the board, the board has good  
27 cause to believe that there has been a violation of IC 25-1-9-4 by  
28 the applicant.

29 (5) Upon agreement of the applicant and the board and following  
30 a personal appearance by the applicant before the board, renew  
31 the license and place the applicant on probation status under  
32 IC 25-1-9-9.

33 (h) If an individual fails to appear before the board under subsection  
34 (g), the board may take action on the applicant's license allowed under  
35 subsection (g)(1), (g)(2) or (g)(3).

36 (i) If the board makes a request under subsection (g)(4), the office  
37 of the attorney general shall conduct an investigation. Upon completion  
38 of the investigation, the office of the attorney general may file a  
39 petition alleging that the applicant has engaged in activity described in  
40 IC 25-1-9-4. If the office of the attorney general files a petition, the  
41 board shall set the matter for a hearing. If, after the hearing, the board  
42 finds the practitioner violated IC 25-1-9-4, the board may impose

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sanctions under IC 25-1-9-9. The board may delay issuing the renewal beyond the ninety (90) days after the renewal date until a final determination is made by the board. The applicant's license remains valid until the final determination of the board is rendered unless the renewal is denied or the license is summarily suspended under IC 25-1-9-10.

(j) The license of the applicant for a license renewal remains valid during the ninety (90) day period unless the license renewal is denied following a personal appearance by the applicant before the board before the end of the ninety (90) day period. If the ninety (90) day period expires without action by the board, the license shall be automatically renewed at the end of the ninety (90) day period.

(k) Notwithstanding any other statute, the bureau may stagger license or certificate renewal cycles. However, if a renewal cycle for a specific board or committee is changed, the bureau must obtain the approval of the affected board or committee.

**(l) An application for a license, certificate, registration, or permit is abandoned, without an action of the board, if the applicant does not complete the requirements to complete the application within one (1) year after the date on which the application was filed. However, the board may, for good cause shown, extend the validity of the application for additional thirty (30) day periods. An application submitted after the abandonment of an application is considered a new application.**

SECTION 3. IC 25-22.5-1-1.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.1. As used in this article:

(a) "Practice of medicine or osteopathic medicine" means any one (1) or a combination of the following:

(1) Holding oneself out to the public as being engaged in:

(A) the diagnosis, treatment, correction, or prevention of any disease, ailment, defect, injury, infirmity, deformity, pain, or other condition of human beings;

(B) the suggestion, recommendation, ~~or~~ prescription, or administration of any form of treatment, without limitation;

(C) the performing of any kind of surgical operation upon a human being, including tattooing, except for tattooing (as defined in IC 35-42-2-7), in which human tissue is cut, burned, or vaporized by the use of any mechanical means, laser, or ionizing radiation, or the penetration of the skin or body orifice by any means, for the intended palliation, relief, or cure; or

(D) the prevention of any physical, mental, or functional

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- 1           ailment or defect of any person.
- 2           (2) The maintenance of an office or a place of business for the
- 3           reception, examination, or treatment of persons suffering from
- 4           disease, ailment, defect, injury, infirmity, deformity, pain, or other
- 5           conditions of body or mind.
- 6           (3) Attaching the designation "doctor of medicine", "M.D.",
- 7           "doctor of osteopathy", "D.O.", "osteopathic medical physician",
- 8           "physician", "surgeon", or "physician and surgeon", either alone
- 9           or in connection with other words, or any other words or
- 10          abbreviations to a name, indicating or inducing others to believe
- 11          that the person is engaged in the practice of medicine or
- 12          osteopathic medicine (as defined in this section).
- 13          (4) Providing diagnostic or treatment services to a person in
- 14          Indiana when the diagnostic or treatment services:
- 15               (A) are transmitted through electronic communications; and
- 16               (B) are on a regular, routine, and non-episodic basis or under
- 17               an oral or written agreement to regularly provide medical
- 18               services.
- 19          In addition to the exceptions described in section 2 of this chapter,
- 20          a nonresident physician who is located outside Indiana does not
- 21          practice medicine or osteopathy in Indiana by providing a second
- 22          opinion to a licensee or diagnostic or treatment services to a
- 23          patient in Indiana following medical care originally provided to
- 24          the patient while outside Indiana.
- 25          (b) "Board" refers to the medical licensing board of Indiana.
- 26          (c) "Diagnose or diagnosis" means to examine a patient, parts of a
- 27          patient's body, substances taken or removed from a patient's body, or
- 28          materials produced by a patient's body to determine the source or
- 29          nature of a disease or other physical or mental condition, or to hold
- 30          oneself out or represent that a person is a physician and is so examining
- 31          a patient. It is not necessary that the examination be made in the
- 32          presence of the patient; it may be made on information supplied either
- 33          directly or indirectly by the patient.
- 34          (d) "Drug or medicine" means any medicine, compound, or
- 35          chemical or biological preparation intended for internal or external use
- 36          of humans, and all substances intended to be used for the diagnosis,
- 37          cure, mitigation, or prevention of diseases or abnormalities of humans,
- 38          which are recognized in the latest editions published of the United
- 39          States Pharmacopoeia or National Formulary, or otherwise established
- 40          as a drug or medicine.
- 41          (e) "Licensee" means any individual holding a valid unlimited
- 42          license issued by the board under this article.

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(f) "Prescribe or prescription" means to direct, order, or designate the use of or manner of using a drug, medicine, or treatment, by spoken or written words or other means.

(g) "Physician" means any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in Indiana.

(h) "Medical school" means a nationally accredited college of medicine or of osteopathic medicine approved by the board.

(i) ~~"Physician's"~~ **"Physician assistant"** means an individual who:

(1) ~~is an employee of supervised by~~ a physician;

(2) ~~is a graduate of a physician's assistant training program approved by the board;~~

**(2) graduated from a physician assistant or surgeon assistant program accredited by an accrediting agency described in IC 25-27.5-2-4.5;**

(3) ~~has successfully completed the national examination administered by the national commission on the certification of physician's assistants;~~ **passed the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) and maintains certification;** and

(4) ~~has registered with the board;~~ **been certified by the physician assistant committee under IC 25-27.5-4.**

(j) "Bureau" refers to the health professions bureau under IC 25-1-5.

SECTION 4. IC 25-22.5-1-2, AS AMENDED BY P.L.255-2001, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 2. (a) This article, as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine, does not apply to any of the following:

(1) A student in training in a medical school approved by the board, or while performing duties as an intern or a resident in a hospital under the supervision of the hospital's staff or in a program approved by the medical school.

(2) A person who renders service in case of emergency where no fee or other consideration is contemplated, charged, or received.

(3) A paramedic (as defined in IC 16-18-2-266), an advanced emergency medical technician (as defined in IC 16-18-2-6), an emergency medical technician (as defined in IC 16-18-2-112), or a person with equivalent certification from another state who renders advanced life support (as defined in IC 16-18-2-7) or basic life support (as defined in IC 16-18-2-33.5):



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- 1 (A) during a disaster emergency declared by the governor  
 2 under IC 10-4-1-7 in response to an act that the governor in  
 3 good faith believes to be an act of terrorism (as defined in  
 4 IC 35-41-1-26.5); and  
 5 (B) in accordance with the rules adopted by the Indiana  
 6 emergency medical services commission or the disaster  
 7 emergency declaration of the governor.
- 8 (4) Commissioned medical officers or medical service officers of  
 9 the armed forces of the United States, the United States Public  
 10 Health Service, and medical officers of the United States  
 11 Department of Veterans Affairs in the discharge of their official  
 12 duties in Indiana.
- 13 (5) An individual who is not a licensee who resides in another  
 14 state or country and is authorized to practice medicine or  
 15 osteopathic medicine there, who is called in for consultation by an  
 16 individual licensed to practice medicine or osteopathic medicine  
 17 in Indiana.
- 18 (6) A person administering a domestic or family remedy to a  
 19 member of the person's family.
- 20 (7) A member of a church practicing the religious tenets of the  
 21 church if the member does not make a medical diagnosis,  
 22 prescribe or administer drugs or medicines, perform surgical or  
 23 physical operations, or assume the title of or profess to be a  
 24 physician.
- 25 (8) A school corporation and a school employee who acts under  
 26 IC 34-30-14 (or IC 34-4-16.5-3.5 before its repeal).
- 27 (9) A chiropractor practicing the chiropractor's profession under  
 28 IC 25-10 or to an employee of a chiropractor acting under the  
 29 direction and supervision of the chiropractor under IC 25-10-1-13.
- 30 (10) A dental hygienist practicing the dental hygienist's profession  
 31 under IC 25-13.
- 32 (11) A dentist practicing the dentist's profession under IC 25-14.
- 33 (12) A hearing aid dealer practicing the hearing aid dealer's  
 34 profession under IC 25-20.
- 35 (13) A nurse practicing the nurse's profession under IC 25-23.  
 36 However, a registered nurse may administer anesthesia if the  
 37 registered nurse acts under the direction of and in the immediate  
 38 presence of a physician and holds a certificate of completion of a  
 39 course in anesthesia approved by the American Association of  
 40 Nurse Anesthetists or a course approved by the board.
- 41 (14) An optometrist practicing the optometrist's profession under  
 42 IC 25-24.

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- 1 (15) A pharmacist practicing the pharmacist's profession under
- 2 IC 25-26.
- 3 (16) A physical therapist practicing the physical therapist's
- 4 profession under IC 25-27.
- 5 (17) A podiatrist practicing the podiatrist's profession under
- 6 IC 25-29.
- 7 (18) A psychologist practicing the psychologist's profession under
- 8 IC 25-33.
- 9 (19) A speech-language pathologist or audiologist practicing the
- 10 pathologist's or audiologist's profession under IC 25-35.6.
- 11 (20) An employee of a physician or group of physicians who
- 12 performs an act, a duty, or a function that is customarily within
- 13 the specific area of practice of the employing physician or group
- 14 of physicians, if the act, duty, or function is performed under the
- 15 direction and supervision of the employing physician or a
- 16 physician of the employing group within whose area of practice
- 17 the act, duty, or function falls. An employee may not make a
- 18 diagnosis or prescribe a treatment and must report the results of
- 19 an examination of a patient conducted by the employee to the
- 20 employing physician or the physician of the employing group
- 21 under whose supervision the employee is working. An employee
- 22 may not administer medication without the specific order of the
- 23 employing physician or a physician of the employing group.
- 24 Unless an employee is licensed or registered to independently
- 25 practice in a profession described in subdivisions (9) through
- 26 (18), nothing in this subsection grants the employee independent
- 27 practitioner status or the authority to perform patient services in
- 28 an independent practice in a profession.
- 29 (21) A hospital licensed under IC 16-21 or IC 12-25.
- 30 (22) A health care organization whose members, shareholders, or
- 31 partners are individuals, partnerships, corporations, facilities, or
- 32 institutions licensed or legally authorized by this state to provide
- 33 health care or professional services as:
- 34 (A) a physician;
- 35 (B) a psychiatric hospital;
- 36 (C) a hospital;
- 37 (D) a health maintenance organization or limited service
- 38 health maintenance organization;
- 39 (E) a health facility;
- 40 (F) a dentist;
- 41 (G) a registered or licensed practical nurse;
- 42 (H) a midwife;

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- 1 (I) an optometrist;  
 2 (J) a podiatrist;  
 3 (K) a chiropractor;  
 4 (L) a physical therapist; or  
 5 (M) a psychologist.
- 6 (23) A physician assistant practicing the physician ~~assistant's~~  
 7 **assistant** profession under IC 25-27.5.
- 8 (24) A physician providing medical treatment under  
 9 IC 25-22.5-1-2.1.
- 10 (25) An attendant who provides care services as defined in  
 11 IC 16-27-1-0.5.
- 12 (26) A personal services attendant providing authorized attendant  
 13 care services under IC 12-10-17.
- 14 (b) A person described in subsection (a)(9) through (a)(18) is not  
 15 excluded from the application of this article if:
- 16 (1) the person performs an act that an Indiana statute does not  
 17 authorize the person to perform; and
- 18 (2) the act qualifies in whole or in part as the practice of medicine  
 19 or osteopathic medicine.
- 20 (c) An employment or other contractual relationship between an  
 21 entity described in subsection (a)(21) through (a)(22) and a licensed  
 22 physician does not constitute the unlawful practice of medicine under  
 23 this article if the entity does not direct or control independent medical  
 24 acts, decisions, or judgment of the licensed physician. However, if the  
 25 direction or control is done by the entity under IC 34-30-15 (or  
 26 IC 34-4-12.6 before its repeal), the entity is excluded from the  
 27 application of this article as it relates to the unlawful practice of  
 28 medicine or osteopathic medicine.
- 29 (d) This subsection does not apply to a prescription or drug order for  
 30 a legend drug that is filled or refilled in a pharmacy owned or operated  
 31 by a hospital licensed under IC 16-21. A physician licensed in Indiana  
 32 who permits or authorizes a person to fill or refill a prescription or drug  
 33 order for a legend drug except as authorized in IC 16-42-19-11 through  
 34 IC 16-42-19-19 is subject to disciplinary action under IC 25-1-9. A  
 35 person who violates this subsection commits the unlawful practice of  
 36 medicine under this chapter.
- 37 (e) A person described in subsection (a)(8) shall not be authorized  
 38 to dispense contraceptives or birth control devices.
- 39 SECTION 5. IC 25-22.5-2-7 IS AMENDED TO READ AS  
 40 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. The board shall do  
 41 the following:
- 42 (1) Adopt rules and forms necessary to implement this article that

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concern, but are not limited to, the following areas:

(A) Qualification by education, residence, citizenship, training, and character for admission to an examination for licensure or by endorsement for licensure.

(B) The examination for licensure.

(C) The license or permit.

(D) Fees for examination, permit, licensure, and registration.

(E) Reinstatement of licenses and permits.

(F) Payment of costs in disciplinary proceedings conducted by the board.

**(G) Establishment of continuing education reporting requirements on license renewal forms. The rules adopted under this clause must require a practitioner who seeks to renew a license under this article to sign a statement, on a license renewal form prescribed by the board, indicating the number of hours of continuing education completed during the license renewal period. The renewal form prescribed by the board must contain a statement recommending that a practitioner retain, for three (3) years following renewal of the practitioner's license, verification of the number of continuing education hours reported on the form.**

(2) Administer oaths in matters relating to the discharge of its official duties.

(3) Enforce this article and assign service bureau personnel duties as may be necessary in the discharge of the board's duty.

(4) Maintain, through the service bureau, full and complete records of all applicants for licensure or permit and of all licenses and permits issued.

(5) Make available, upon request, the complete schedule of minimum requirements for licensure or permit.

(6) Issue, at the board's discretion, a temporary permit to an applicant for the interim from the date of application until the next regular meeting of the board.

(7) Issue an unlimited license, a limited license, or a temporary medical permit, depending upon the qualifications of the applicant, to any applicant who successfully fulfills all of the requirements of this article.

(8) Adopt rules establishing standards for the competent practice of medicine, osteopathic medicine, or any other form of practice regulated by a limited license or permit issued under this article.

(9) Adopt rules regarding the appropriate prescribing of Schedule

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1 III or Schedule IV controlled substances for the purpose of weight  
2 reduction or to control obesity.

3 SECTION 6. IC 25-22.5-7-1 IS AMENDED TO READ AS  
4 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1. (a) A license issued  
5 under this article expires on June 30 of each odd-numbered year.  
6 Before June 30 of an odd-numbered year, an applicant for renewal shall  
7 pay the biennial renewal fee set by the board under IC 25-22.5-2-7.

8 (b) If the holder of a license does not renew the license by June 30  
9 of each odd-numbered year, the license expires and becomes invalid  
10 without any action taken by the board. A license that becomes invalid  
11 under this subsection may be reinstated by the board up to three (3)  
12 years after the invalidation if the holder of the invalid license pays:

- 13 (1) the penalty fee set by the board under IC 25-22.5-2-7; and  
14 (2) the renewal fee for the biennium.

15 (c) If a license that becomes invalid under this section is not  
16 reinstated by the board within three (3) years of its invalidation, the  
17 holder of the invalid license may be required by the board to take an  
18 examination for competence before the board will reinstate the holder's  
19 license.

20 (d) The board may adopt rules under IC 25-22.5-2-7 establishing  
21 requirements for the reinstatement of a lapsed license.

22 **(e) Every two (2) years, the board may randomly audit, for the**  
23 **purpose of verifying continuing education hours, at least one**  
24 **percent (1%) but not more than ten percent (10%) of the**  
25 **practitioners who report continuing education hours on the license**  
26 **renewal form under IC 25-22.5-2-7(1)(G).**

27 SECTION 7. IC 25-23-1-7 IS AMENDED TO READ AS  
28 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. (a) The board shall  
29 do the following:

- 30 (1) Adopt under IC 4-22-2 rules necessary to enable it to carry  
31 into effect this chapter.  
32 (2) Prescribe standards and approve curricula for nursing  
33 education programs preparing persons for licensure under this  
34 chapter.  
35 (3) Provide for surveys of such programs at such times as it  
36 considers necessary.  
37 (4) Accredite such programs as meet the requirements of this  
38 chapter and of the board.  
39 (5) Deny or withdraw accreditation from nursing education  
40 programs for failure to meet prescribed curricula or other  
41 standards.  
42 (6) Examine, license, and renew the license of qualified

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1 applicants.

2 (7) Issue subpoenas, compel the attendance of witnesses, and  
3 administer oaths to persons giving testimony at hearings.

4 (8) Cause the prosecution of all persons violating this chapter and  
5 have power to incur necessary expenses for these prosecutions.

6 (9) Adopt rules under IC 4-22-2 that do the following:

7 (A) Prescribe standards for the competent practice of  
8 registered, practical, and advanced practice nursing.

9 (B) Establish with the approval of the medical licensing board  
10 created by IC 25-22.5-2-1 requirements that advanced practice  
11 nurses must meet to be granted authority to prescribe legend  
12 drugs and to retain that authority.

13 **(C) Establish continuing education reporting requirements**  
14 **on license renewal forms. The rules adopted under this**  
15 **clause must require a nurse who seeks to renew a license**  
16 **under this article to sign a statement, on a license renewal**  
17 **form prescribed by the board, indicating the number of**  
18 **hours of continuing education completed during the license**  
19 **renewal period. The renewal form prescribed by the board**  
20 **must contain a statement recommending that a nurse**  
21 **retain, for three (3) years following renewal of the nurse's**  
22 **license, verification of the number of continuing education**  
23 **hours reported on the form. For purposes of this clause,**  
24 **continuing education includes inservice training and**  
25 **educational seminars.**

26 (10) Keep a record of all its proceedings.

27 (11) Collect and distribute annually demographic information on  
28 the number and type of registered nurses and licensed practical  
29 nurses employed in Indiana.

30 (12) Notify each registered nurse and licensed practical nurse  
31 residing in Indiana when final rules concerning the practice of  
32 nursing are published in the Indiana register.

33 (b) The board may do the following:

34 (1) Create ad hoc subcommittees representing the various nursing  
35 specialties and interests of the profession of nursing. Persons  
36 appointed to a subcommittee serve for terms as determined by the  
37 board.

38 (2) Utilize the appropriate subcommittees so as to assist the board  
39 with its responsibilities. The assistance provided by the  
40 subcommittees may include the following:

41 (A) Recommendation of rules necessary to carry out the duties  
42 of the board.



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(B) Recommendations concerning educational programs and requirements.

(C) Recommendations regarding examinations and licensure of applicants.

(3) Appoint nurses to serve on each of the ad hoc subcommittees.

(c) Nurses appointed under subsection (b) must:

(1) be committed to advancing and safeguarding the nursing profession as a whole; and

(2) represent nurses who practice in the field directly affected by a subcommittee's actions.

SECTION 8. IC 25-23-1-16.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

(b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

(c) The procedures and fee for renewal shall be set by the board.

(d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay an additional three dollar (\$3) fee. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

(1) Three dollars (\$3) per license renewed under this section.

(2) The cost per license to operate the impaired nurses program, as determined by the health professions bureau.

**(e) Every two (2) years, the board may randomly audit, for the purpose of verifying continuing education hours, at least one percent (1%) but not more than ten percent (10%) of the nurses who report continuing education hours on the license renewal form under section 7(a)(9)(C) of this chapter.**

SECTION 9. IC 25-27.5-1-1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1. **This article grants a supervising physician or physician designee the authority to delegate, as the supervising physician or physician designee determines is appropriate, those tasks or services the supervising physician or physician designee typically performs.**

SECTION 10. IC 25-27.5-1-2 IS ADDED TO THE INDIANA



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1 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 2 [EFFECTIVE JULY 1, 2002]: **Sec. 2. This article does not grant the**  
 3 **authority to a physician assistant to function independently of a**  
 4 **physician's supervision.**

5 SECTION 11. IC 25-27.5-2-1.5 IS ADDED TO THE INDIANA  
 6 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 7 [EFFECTIVE JULY 1, 2002]: **Sec. 1.5. "Administer a drug" means**  
 8 **the direct application of a drug, whether by injection, inhalation,**  
 9 **ingestion, or any other means, to the body of a patient.**

10 SECTION 12. IC 25-27.5-2-5.5 IS ADDED TO THE INDIANA  
 11 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 12 [EFFECTIVE JULY 1, 2002]: **Sec. 5.5. "Deep sedation" means a**  
 13 **controlled state of depressed consciousness that is produced by a**  
 14 **pharmacologic method and that is accompanied by partial loss of**  
 15 **protective reflexes, including the inability to respond purposefully**  
 16 **to a verbal command.**

17 SECTION 13. IC 25-27.5-2-7.3 IS ADDED TO THE INDIANA  
 18 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 19 [EFFECTIVE JULY 1, 2002]: **Sec. 7.3. "Dispense" means issuing**  
 20 **medical devices or one (1) or more doses of a drug in a suitable**  
 21 **container with appropriate labeling for subsequent administration**  
 22 **to or use by a patient.**

23 SECTION 14. IC 25-27.5-2-7.5 IS ADDED TO THE INDIANA  
 24 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 25 [EFFECTIVE JULY 1, 2002]: **Sec. 7.5. "General anesthesia" means**  
 26 **a controlled state of unconsciousness that is produced by a**  
 27 **pharmacologic method and that is accompanied by a partial or**  
 28 **complete loss of protective reflexes, including the inability to**  
 29 **independently maintain an airway and respond purposefully to**  
 30 **physical stimulation or verbal command.**

31 SECTION 15. IC 25-27.5-2-7.8 IS ADDED TO THE INDIANA  
 32 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 33 [EFFECTIVE JULY 1, 2002]: **Sec. 7.8. "Light conscious sedation"**  
 34 **means a minimally depressed level of consciousness produced by**  
 35 **a pharmacologic method and under which an individual retains the**  
 36 **ability to independently and continuously maintain an airway and**  
 37 **respond appropriately to physical stimulation and verbal**  
 38 **command.**

39 SECTION 16. IC 25-27.5-2-11 IS AMENDED TO READ AS  
 40 FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 11. "Physician**  
 41 **designee" means a physician who works or is trained in the same**  
 42 **practice area as the practice area of the supervising physician, to**



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whom responsibility for the supervision of a physician assistant is temporarily designated when the supervising physician is unavailable.

SECTION 17. IC 25-27.5-2-12.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 12.5. (a) "Regional block anesthesia" means spinal anesthesia, epidural anesthesia, major peripheral nerve blocks, or intravenous extremity blocks.

(b) The term does not include local infiltration anesthetics or digital blocks.

SECTION 18. IC 25-27.5-3-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 5. (a) The committee shall have regular meetings called upon the request of the president or by a majority of the members appointed to the committee for the transaction of business as may come properly before the committee under this article. At the first committee meeting of each calendar year, the committee shall elect a president and any other officer considered necessary by the committee by an affirmative vote of a majority of the committee.

(b) Three (3) members of the committee constitute a quorum. A quorum is required for the committee to take action on any business.

(c) The committee shall do the following:

(1) Consider the qualifications of individuals who apply for ~~certificates~~ **an initial certificate** under this article.

(2) Provide for examinations required under this article.

(3) **Consider the setting in which the physician assistant will be working under physician supervision.**

(4) **Approve or reject certification applications.**

(5) **Approve or reject renewal applications.**

(6) **Approve or reject applications for a change or addition of a supervising physician.**

(7) Certify qualified individuals.

~~(4)~~ (8) Propose rules to the board concerning the competent practice of physician assistants and the administration of this article.

~~(5)~~ (9) Recommend to the board the amounts of fees required under this article.

SECTION 19. IC 25-27.5-4-3, AS AMENDED BY P.L.32-2000, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 3. (a) If the committee issues a probationary certificate under section 2 of this chapter, the committee may require the individual who holds the certificate to meet at least one (1) of the

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following conditions:

- (1) Report regularly to the committee upon a matter that is the basis for the probation.
- (2) Limit practice to areas prescribed by the committee.
- (3) Continue or renew professional education.
- (4) Engage in community restitution or service without compensation for a number of hours specified by the committee.
- (5) Submit to the care, counseling, or treatment by a physician designated by the committee for a matter that is the basis for the probation.**

(b) The committee shall remove a limitation placed on a probationary certificate if after a hearing the committee finds that the deficiency that caused the limitation has been remedied.

SECTION 20. IC 25-27.5-4-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 4. (a) The committee may grant temporary certification to an applicant who:

- (1) meets the qualifications for certification under section 1 of this chapter except:
  - (A) for the taking of the **next scheduled** NCCPA examination; or
  - (B) if the applicant has taken the NCCPA examination and is awaiting the results; or
- (2) meets the qualifications for certification under section 1 of this chapter but is awaiting the next scheduled meeting of the committee.

(b) A temporary certification is valid until: ~~the earliest of the following:~~

- (1) the results of an applicant's examination are available; **and**
- (2) the committee makes a final decision on the applicant's request for certification.

(c) **The committee shall immediately revoke a temporary certificate under this section upon notice to the committee that the temporary certificate holder has failed the NCCPA examination. The committee may extend a temporary certificate at the discretion of and on the terms agreed upon by a majority vote of the members appointed to the committee at the committee's next regularly scheduled meeting.**

(d) A physician assistant practicing under a temporary certificate must practice with onsite physician supervision. ~~and, notwithstanding IC 25-27.5-5-4, may not dispense drugs or medical devices.~~

~~(d)~~ (e) A physician assistant who notifies the ~~board~~ **committee** in writing **and returns the individual's wallet certificate and wall**



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1 **certificate issued under this article** may elect to place the physician  
2 assistant's certification on an inactive status.

3 **(f) An individual who holds a certificate under this article and**  
4 **who practices as a physician assistant while:**

5 **(1) the individual's certification has lapsed; or**

6 **(2) the individual is on inactive status under this section;**

7 **shall be considered to be practicing without a certificate and is**  
8 **subject to discipline under IC 25-1-9.**

9 SECTION 21. IC 25-27.5-4-5 IS AMENDED TO READ AS  
10 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 5. (a) A certificate  
11 issued by the committee expires on a date established by the health  
12 professions bureau under IC 25-1-5-4 in the next even-numbered year  
13 following the year in which the certificate was issued.

14 (b) An individual may renew a certificate by paying a renewal fee  
15 on or before the expiration date of the certificate.

16 (c) If an individual fails to pay a renewal **fee** on or before the  
17 expiration date of a certificate, the certificate becomes invalid **and**  
18 **must be returned to the committee.**

19 SECTION 22. IC 25-27.5-4-7 IS AMENDED TO READ AS  
20 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. (a) An individual  
21 who is certified under this chapter shall notify the committee in writing  
22 **and return the individual's wallet certificate and wall certificate**  
23 **when the individual retires from practice.**

24 (b) Upon receipt of the notice, the committee shall:

25 (1) record the fact the individual is retired; and

26 (2) release the individual from further payment of renewal fees.

27 SECTION 23. IC 25-27.5-5-1 IS AMENDED TO READ AS  
28 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1. **(a)** This chapter does  
29 not apply to the practice of other health care professionals set forth  
30 under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

31 **(b) This chapter does not allow the independent practice by a**  
32 **physician assistant of any of the activities of other health care**  
33 **professionals listed in IC 25-22.5-1-2(a)(1) through**  
34 **IC 25-22.5-1-2(a)(19).**

35 SECTION 24. IC 25-27.5-5-2 IS AMENDED TO READ AS  
36 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 2. **(a)** A physician  
37 assistant must engage in a dependent practice with physician  
38 supervision. A physician assistant may perform, **under the supervision**  
39 **of the supervising physician,** the duties and responsibilities that are  
40 delegated by the supervising physician **and that are within the**  
41 **supervising physician's scope of practice, including prescribing and**  
42 **dispensing drugs and medical devices. A patient may elect to be**



1 seen, examined, and treated by the supervising physician. The  
 2 patient must be treated by a physician if after two (2) previous  
 3 visits to the physician assistant the patient has seen no appreciable  
 4 improvement in the condition for which the patient is receiving  
 5 treatment.

6 (b) A working diagnosis made by the physician assistant must  
 7 be:

8 (1) confirmed; and

9 (2) the final diagnosis made;

10 by the supervising physician or physician designee under  
 11 IC 25-27.5-6-1(b).

12 SECTION 25. IC 25-27.5-5-4 IS AMENDED TO READ AS  
 13 FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 4. (a) ~~The board may~~  
 14 ~~adopt rules under IC 4-22-2 to determine the appropriate use of~~  
 15 ~~prescription drugs by a physician assistant. Except as provided in~~  
 16 ~~subsections (b), (c), (d), and (g), a physician assistant may~~  
 17 ~~prescribe, dispense, and administer drugs and medical devices or~~  
 18 ~~services to the extent delegated by the supervising physician.~~

19 (b) A physician assistant may not prescribe, dispense, or  
 20 administer ophthalmic devices, including glasses, contact lenses,  
 21 and low vision devices.

22 (c) A physician assistant may not prescribe, administer, or  
 23 monitor general anesthesia, regional block anesthesia, and deep  
 24 sedation. A physician assistant may not administer light conscious  
 25 sedation during diagnostic tests, surgical procedures, or obstetrical  
 26 procedures unless the following conditions are met:

27 (1) A physician is physically present in the area and is  
 28 immediately available to assist in the management of the  
 29 patient.

30 (2) The physician assistant is qualified to rescue patients from  
 31 deep sedation and is competent to manage a compromised  
 32 airway and to provide adequate oxygenation and ventilation.

33 (d) A physician assistant may not prescribe drugs unless the  
 34 physician assistant has successfully completed at least thirty (30)  
 35 contact hours in pharmacology from an educational program that  
 36 is approved by the committee and an accrediting agency.

37 (e) As permitted by the board, a physician assistant may use or  
 38 dispense only drugs prescribed or approved by the supervising  
 39 physician. **Prescription and administration of drugs may include:**

40 (1) all legend drugs approved by the supervising physician;  
 41 and

42 (2) not more than a seven (7) day supply of scheduled

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substances listed under IC 35-48-2 approved by the supervising physician.

(c) Notwithstanding subsection (b), a physician assistant may not dispense a scheduled substance listed under IC 35-48-2.

(f) A physician assistant may request, receive, and sign for professional samples of drugs and may distribute professional samples of drugs to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.

SECTION 26. IC 25-27.5-5-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 6. (a) Except as provided in section 4(d) of this chapter, a supervising physician may delegate authority to a physician assistant to prescribe:

- (1) legend drugs, except as provided in IC 25-27.5-5-4(e);
- (2) not more than a seven (7) day supply of controlled substances (as defined in IC 35-48-1-9) at one (1) time; and
- (3) medical devices except ophthalmic devices, including glasses, contact lenses, and low vision devices.

(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician.

(c) A physician assistant who is delegated the authority to prescribe legend drugs or medical devices must do the following:

- (1) Enter on each prescription form that the physician assistant uses to prescribe a legend drug or medical device:
  - (A) the signature of the physician assistant;
  - (B) the initials indicating the credentials awarded to the physician assistant by the NCCPA; and
  - (C) the physician assistant's state certificate number.
- (2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.

(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.

(e) A physician assistant who is delegated the authority to prescribe controlled substances under subsection (a) must do the following:

- (1) Obtain an Indiana controlled substance registration and a federal Drug Enforcement Administration registration.



- 1           **(2) Enter on each prescription form that the physician**
- 2           **assistant uses to prescribe a controlled substance:**
- 3                 **(A) the signature of the physician assistant;**
- 4                 **(B) the initials indicating the credentials awarded to the**
- 5                 **physician assistant by the NCCPA;**
- 6                 **(C) the physician assistant's state certificate number; and**
- 7                 **(D) the physician assistant's federal Drug Enforcement**
- 8                 **Administration (DEA) number.**
- 9           **(3) Comply with all applicable state and federal laws**
- 10           **concerning prescriptions for controlled substances.**
- 11           **(f) A supervising physician may delegate to a physician assistant**
- 12           **the authority to prescribe only controlled substances that may be**
- 13           **prescribed within the scope of practice of the licensed supervising**
- 14           **physician or the physician designee.**

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## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1403, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 25-1-5-4, AS AMENDED BY P.L.44-2000, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 4. (a) The bureau shall employ necessary staff, including specialists and professionals, to carry out the administrative duties and functions of the boards, including but not limited to:

- (1) notice of board meetings and other communication services;
- (2) recordkeeping of board meetings, proceedings, and actions;
- (3) recordkeeping of all persons licensed, regulated, or certified by a board;
- (4) administration of examinations; and
- (5) administration of license or certificate issuance or renewal.

(b) In addition the bureau:

- (1) shall prepare a consolidated statement of the budget requests of all the boards in section 3 of this chapter;
- (2) may coordinate licensing or certification renewal cycles, examination schedules, or other routine activities to efficiently utilize bureau staff, facilities, and transportation resources, and to improve accessibility of board functions to the public; and
- (3) may consolidate, where feasible, office space, recordkeeping, and data processing services.

(c) In administering the renewal of licenses or certificates under this chapter, the bureau shall ~~issue a sixty (60) day notice of expiration to all holders of a license or certificate. The notice shall be accompanied by appropriate renewal forms. send a notice of the upcoming expiration of a license or certificate to each holder of a license or certificate at least sixty (60) days before the expiration of the license or certificate. The notice must inform the holder of the license or certificate of the need to renew and the requirement of payment of the renewal fee. If this notice of expiration is not sent by the bureau, the holder of the license or certificate is not subject to a sanction for failure to renew if, once notice is received from the bureau, the license or certificate is renewed within forty-five~~ **(45) days after receipt of the notice.**

(d) In administering an examination for licensure or certification, the bureau shall make the appropriate application forms available at

HB 1403—LS 6711/DI 77+



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least thirty (30) days before the deadline for submitting an application to all persons wishing to take the examination.

(e) The bureau may require an applicant for license renewal to submit evidence proving that:

- (1) the applicant continues to meet the minimum requirements for licensure; and
- (2) the applicant is not in violation of:
  - (A) the statute regulating the applicant's profession; or
  - (B) rules adopted by the board regulating the applicant's profession.

(f) The bureau shall process an application for renewal of a license or certificate:

- (1) not later than ten (10) days after the bureau receives all required forms and evidence; or
- (2) within twenty-four (24) hours after the time that an applicant for renewal appears in person at the bureau with all required forms and evidence.

This subsection does not require the bureau to issue a renewal license or certificate to an applicant if subsection (g) applies.

(g) The bureau may delay issuing a license renewal for up to ninety (90) days after the renewal date for the purpose of permitting the board to investigate information received by the bureau that the applicant for renewal may have committed an act for which the applicant may be disciplined. If the bureau delays issuing a license renewal, the bureau shall notify the applicant that the applicant is being investigated. Except as provided in subsection (h), before the end of the ninety (90) day period, the board shall do one (1) of the following:

- (1) Deny the license renewal following a personal appearance by the applicant before the board.
- (2) Issue the license renewal upon satisfaction of all other conditions for renewal.
- (3) Issue the license renewal and file a complaint under IC 25-1-7.
- (4) Request the office of the attorney general to conduct an investigation under subsection (i) if, following a personal appearance by the applicant before the board, the board has good cause to believe that there has been a violation of IC 25-1-9-4 by the applicant.
- (5) Upon agreement of the applicant and the board and following a personal appearance by the applicant before the board, renew the license and place the applicant on probation status under IC 25-1-9-9.

(h) If an individual fails to appear before the board under subsection

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(g), the board may take action on the applicant's license allowed under subsection (g)(1), (g)(2) or (g)(3).

(i) If the board makes a request under subsection (g)(4), the office of the attorney general shall conduct an investigation. Upon completion of the investigation, the office of the attorney general may file a petition alleging that the applicant has engaged in activity described in IC 25-1-9-4. If the office of the attorney general files a petition, the board shall set the matter for a hearing. If, after the hearing, the board finds the practitioner violated IC 25-1-9-4, the board may impose sanctions under IC 25-1-9-9. The board may delay issuing the renewal beyond the ninety (90) days after the renewal date until a final determination is made by the board. The applicant's license remains valid until the final determination of the board is rendered unless the renewal is denied or the license is summarily suspended under IC 25-1-9-10.

(j) The license of the applicant for a license renewal remains valid during the ninety (90) day period unless the license renewal is denied following a personal appearance by the applicant before the board before the end of the ninety (90) day period. If the ninety (90) day period expires without action by the board, the license shall be automatically renewed at the end of the ninety (90) day period.

(k) Notwithstanding any other statute, the bureau may stagger license or certificate renewal cycles. However, if a renewal cycle for a specific board or committee is changed, the bureau must obtain the approval of the affected board or committee."

**(l) An application for a license, certificate, registration, or permit is abandoned, without an action of the board, if the applicant does not complete the requirements to complete the application within one (1) year after the date on which the application was filed. However, the board may, for good cause shown, extend the validity of the application for additional thirty (30) day periods. An application submitted after the abandonment of an application is considered a new application."**

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1403 as introduced.)

BROWN C, Chair

Committee Vote: yeas 12, nays 0.

HB 1403—LS 6711/DI 77+



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## HOUSE MOTION

Mr. Speaker: I move that House Bill 1403 be amended to read as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 16-42-19-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 5. As used in this chapter, "practitioner" means any of the following:

- (1) A licensed physician.
- (2) A veterinarian licensed to practice veterinary medicine in Indiana.
- (3) A dentist licensed to practice dentistry in Indiana.
- (4) A podiatrist licensed to practice podiatric medicine in Indiana.
- (5) An optometrist who is:
  - (A) licensed to practice optometry in Indiana; and
  - (B) certified under IC 25-26-15.
- (6) An advanced practice nurse who meets the requirements of IC 25-23-1-19.5.
- (7) A physician assistant certified under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6."**

Page 4, between lines 9 and 10, begin a new paragraph and insert:

"SECTION 3. IC 25-22.5-1-1.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.1. As used in this article:

- (a) "Practice of medicine or osteopathic medicine" means any one (1) or a combination of the following:
  - (1) Holding oneself out to the public as being engaged in:
    - (A) the diagnosis, treatment, correction, or prevention of any disease, ailment, defect, injury, infirmity, deformity, pain, or other condition of human beings;
    - (B) the suggestion, recommendation, ~~or~~ prescription, or administration of any form of treatment, without limitation;
    - (C) the performing of any kind of surgical operation upon a human being, including tattooing, except for tattooing (as defined in IC 35-42-2-7), in which human tissue is cut, burned, or vaporized by the use of any mechanical means, laser, or ionizing radiation, or the penetration of the skin or body orifice by any means, for the intended palliation, relief, or cure; or
    - (D) the prevention of any physical, mental, or functional ailment or defect of any person.
  - (2) The maintenance of an office or a place of business for the reception, examination, or treatment of persons suffering from



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disease, ailment, defect, injury, infirmity, deformity, pain, or other conditions of body or mind.

(3) Attaching the designation "doctor of medicine", "M.D.", "doctor of osteopathy", "D.O.", "osteopathic medical physician", "physician", "surgeon", or "physician and surgeon", either alone or in connection with other words, or any other words or abbreviations to a name, indicating or inducing others to believe that the person is engaged in the practice of medicine or osteopathic medicine (as defined in this section).

(4) Providing diagnostic or treatment services to a person in Indiana when the diagnostic or treatment services:

- (A) are transmitted through electronic communications; and
- (B) are on a regular, routine, and non-episodic basis or under an oral or written agreement to regularly provide medical services.

In addition to the exceptions described in section 2 of this chapter, a nonresident physician who is located outside Indiana does not practice medicine or osteopathy in Indiana by providing a second opinion to a licensee or diagnostic or treatment services to a patient in Indiana following medical care originally provided to the patient while outside Indiana.

(b) "Board" refers to the medical licensing board of Indiana.

(c) "Diagnose or diagnosis" means to examine a patient, parts of a patient's body, substances taken or removed from a patient's body, or materials produced by a patient's body to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is a physician and is so examining a patient. It is not necessary that the examination be made in the presence of the patient; it may be made on information supplied either directly or indirectly by the patient.

(d) "Drug or medicine" means any medicine, compound, or chemical or biological preparation intended for internal or external use of humans, and all substances intended to be used for the diagnosis, cure, mitigation, or prevention of diseases or abnormalities of humans, which are recognized in the latest editions published of the United States Pharmacopoeia or National Formulary, or otherwise established as a drug or medicine.

(e) "Licensee" means any individual holding a valid unlimited license issued by the board under this article.

(f) "Prescribe or prescription" means to direct, order, or designate the use of or manner of using a drug, medicine, or treatment, by spoken or written words or other means.



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(g) "Physician" means any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in Indiana.

(h) "Medical school" means a nationally accredited college of medicine or of osteopathic medicine approved by the board.

(i) ~~"Physician's assistant"~~ **"Physician assistant"** means an individual who:

(1) ~~is an employee of~~ **supervised by** a physician;

(2) ~~is a graduate of a physician's assistant training program approved by the board;~~

**(2) graduated from a physician assistant or surgeon assistant program accredited by an accrediting agency described in IC 25-27.5-2-4.5;**

(3) ~~has successfully completed the national examination administered by the national commission on the certification of physician's assistants;~~ **passed the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA) and maintains certification;** and

(4) ~~has registered with the board;~~ **been certified by the physician assistant committee under IC 25-27.5-4.**

(j) "Bureau" refers to the health professions bureau under IC 25-1-5.

SECTION 4. IC 25-22.5-1-2, AS AMENDED BY P.L.255-2001, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 2. (a) This article, as it relates to the unlawful or unauthorized practice of medicine or osteopathic medicine, does not apply to any of the following:

(1) A student in training in a medical school approved by the board, or while performing duties as an intern or a resident in a hospital under the supervision of the hospital's staff or in a program approved by the medical school.

(2) A person who renders service in case of emergency where no fee or other consideration is contemplated, charged, or received.

(3) A paramedic (as defined in IC 16-18-2-266), an advanced emergency medical technician (as defined in IC 16-18-2-6), an emergency medical technician (as defined in IC 16-18-2-112), or a person with equivalent certification from another state who renders advanced life support (as defined in IC 16-18-2-7) or basic life support (as defined in IC 16-18-2-33.5):

(A) during a disaster emergency declared by the governor under IC 10-4-1-7 in response to an act that the governor in good faith believes to be an act of terrorism (as defined in

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IC 35-41-1-26.5); and

(B) in accordance with the rules adopted by the Indiana emergency medical services commission or the disaster emergency declaration of the governor.

(4) Commissioned medical officers or medical service officers of the armed forces of the United States, the United States Public Health Service, and medical officers of the United States Department of Veterans Affairs in the discharge of their official duties in Indiana.

(5) An individual who is not a licensee who resides in another state or country and is authorized to practice medicine or osteopathic medicine there, who is called in for consultation by an individual licensed to practice medicine or osteopathic medicine in Indiana.

(6) A person administering a domestic or family remedy to a member of the person's family.

(7) A member of a church practicing the religious tenets of the church if the member does not make a medical diagnosis, prescribe or administer drugs or medicines, perform surgical or physical operations, or assume the title of or profess to be a physician.

(8) A school corporation and a school employee who acts under IC 34-30-14 (or IC 34-4-16.5-3.5 before its repeal).

(9) A chiropractor practicing the chiropractor's profession under IC 25-10 or to an employee of a chiropractor acting under the direction and supervision of the chiropractor under IC 25-10-1-13.

(10) A dental hygienist practicing the dental hygienist's profession under IC 25-13.

(11) A dentist practicing the dentist's profession under IC 25-14.

(12) A hearing aid dealer practicing the hearing aid dealer's profession under IC 25-20.

(13) A nurse practicing the nurse's profession under IC 25-23. However, a registered nurse may administer anesthesia if the registered nurse acts under the direction of and in the immediate presence of a physician and holds a certificate of completion of a course in anesthesia approved by the American Association of Nurse Anesthetists or a course approved by the board.

(14) An optometrist practicing the optometrist's profession under IC 25-24.

(15) A pharmacist practicing the pharmacist's profession under IC 25-26.

(16) A physical therapist practicing the physical therapist's

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profession under IC 25-27.

(17) A podiatrist practicing the podiatrist's profession under IC 25-29.

(18) A psychologist practicing the psychologist's profession under IC 25-33.

(19) A speech-language pathologist or audiologist practicing the pathologist's or audiologist's profession under IC 25-35.6.

(20) An employee of a physician or group of physicians who performs an act, a duty, or a function that is customarily within the specific area of practice of the employing physician or group of physicians, if the act, duty, or function is performed under the direction and supervision of the employing physician or a physician of the employing group within whose area of practice the act, duty, or function falls. An employee may not make a diagnosis or prescribe a treatment and must report the results of an examination of a patient conducted by the employee to the employing physician or the physician of the employing group under whose supervision the employee is working. An employee may not administer medication without the specific order of the employing physician or a physician of the employing group. Unless an employee is licensed or registered to independently practice in a profession described in subdivisions (9) through (18), nothing in this subsection grants the employee independent practitioner status or the authority to perform patient services in an independent practice in a profession.

(21) A hospital licensed under IC 16-21 or IC 12-25.

(22) A health care organization whose members, shareholders, or partners are individuals, partnerships, corporations, facilities, or institutions licensed or legally authorized by this state to provide health care or professional services as:

- (A) a physician;
- (B) a psychiatric hospital;
- (C) a hospital;
- (D) a health maintenance organization or limited service health maintenance organization;
- (E) a health facility;
- (F) a dentist;
- (G) a registered or licensed practical nurse;
- (H) a midwife;
- (I) an optometrist;
- (J) a podiatrist;
- (K) a chiropractor;



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(L) a physical therapist; or

(M) a psychologist.

(23) A physician assistant practicing the physician ~~assistant's~~ **assistant** profession under IC 25-27.5.

(24) A physician providing medical treatment under IC 25-22.5-1-2.1.

(25) An attendant who provides care services as defined in IC 16-27-1-0.5.

(26) A personal services attendant providing authorized attendant care services under IC 12-10-17.

(b) A person described in subsection (a)(9) through (a)(18) is not excluded from the application of this article if:

(1) the person performs an act that an Indiana statute does not authorize the person to perform; and

(2) the act qualifies in whole or in part as the practice of medicine or osteopathic medicine.

(c) An employment or other contractual relationship between an entity described in subsection (a)(21) through (a)(22) and a licensed physician does not constitute the unlawful practice of medicine under this article if the entity does not direct or control independent medical acts, decisions, or judgment of the licensed physician. However, if the direction or control is done by the entity under IC 34-30-15 (or IC 34-4-12.6 before its repeal), the entity is excluded from the application of this article as it relates to the unlawful practice of medicine or osteopathic medicine.

(d) This subsection does not apply to a prescription or drug order for a legend drug that is filled or refilled in a pharmacy owned or operated by a hospital licensed under IC 16-21. A physician licensed in Indiana who permits or authorizes a person to fill or refill a prescription or drug order for a legend drug except as authorized in IC 16-42-19-11 through IC 16-42-19-19 is subject to disciplinary action under IC 25-1-9. A person who violates this subsection commits the unlawful practice of medicine under this chapter.

(e) A person described in subsection (a)(8) shall not be authorized to dispense contraceptives or birth control devices."

Page 8, after line 5, begin a new paragraph and insert:

"SECTION 9. IC 25-27.5-1-1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 1. This article grants a supervising physician or physician designee the authority to delegate, as the supervising physician or physician designee determines is appropriate, those tasks or services the supervising**

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physician or physician designee typically performs.

SECTION 10. IC 25-27.5-1-2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 2. This article does not grant the authority to a physician assistant to function independently of a physician's supervision.**

SECTION 11. IC 25-27.5-2-1.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 1.5. "Administer a drug" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means, to the body of a patient.**

SECTION 12. IC 25-27.5-2-5.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 5.5. "Deep sedation" means a controlled state of depressed consciousness that is produced by a pharmacologic method and that is accompanied by partial loss of protective reflexes, including the inability to respond purposefully to a verbal command.**

SECTION 13. IC 25-27.5-2-7.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 7.3. "Dispense" means issuing medical devices or one (1) or more doses of a drug in a suitable container with appropriate labeling for subsequent administration to or use by a patient.**

SECTION 14. IC 25-27.5-2-7.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 7.5. "General anesthesia" means a controlled state of unconsciousness that is produced by a pharmacologic method and that is accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command.**

SECTION 15. IC 25-27.5-2-7.8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 7.8. "Light conscious sedation" means a minimally depressed level of consciousness produced by a pharmacologic method and under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command.**

SECTION 16. IC 25-27.5-2-11 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: **Sec. 11. "Physician**

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designee" means a physician **who works or is trained in the same practice area as the practice area of the supervising physician**, to whom responsibility for the supervision of a physician assistant is temporarily designated when the supervising physician is unavailable.

SECTION 17. IC 25-27.5-2-12.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 12.5. (a) **"Regional block anesthesia" means spinal anesthesia, epidural anesthesia, major peripheral nerve blocks, or intravenous extremity blocks.**

(b) **The term does not include local infiltration anesthetics or digital blocks.**

SECTION 18. IC 25-27.5-3-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 5. (a) **The committee shall have regular meetings called upon the request of the president or by a majority of the members appointed to the committee for the transaction of business as may come properly before the committee under this article. At the first committee meeting of each calendar year, the committee shall elect a president and any other officer considered necessary by the committee by an affirmative vote of a majority of the committee.**

(b) **Three (3) members of the committee constitute a quorum. A quorum is required for the committee to take action on any business.**

(c) The committee shall do the following:

- (1) Consider the qualifications of individuals who apply for ~~certificates~~ **an initial certificate** under this article.
- (2) Provide for examinations required under this article.
- (3) **Consider the setting in which the physician assistant will be working under physician supervision.**
- (4) **Approve or reject certification applications.**
- (5) **Approve or reject renewal applications.**
- (6) **Approve or reject applications for a change or addition of a supervising physician.**
- (7) Certify qualified individuals.
- ~~(4)~~ (8) Propose rules to the board concerning the competent practice of physician assistants and the administration of this article.
- ~~(5)~~ (9) Recommend to the board the amounts of fees required under this article.

SECTION 19. IC 25-27.5-4-3, AS AMENDED BY P.L.32-2000, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 3. (a) If the committee issues a probationary



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certificate under section 2 of this chapter, the committee may require the individual who holds the certificate to meet at least one (1) of the following conditions:

- (1) Report regularly to the committee upon a matter that is the basis for the probation.
- (2) Limit practice to areas prescribed by the committee.
- (3) Continue or renew professional education.
- (4) Engage in community restitution or service without compensation for a number of hours specified by the committee.
- (5) Submit to the care, counseling, or treatment by a physician designated by the committee for a matter that is the basis for the probation.**

(b) The committee shall remove a limitation placed on a probationary certificate if after a hearing the committee finds that the deficiency that caused the limitation has been remedied.

SECTION 20. IC 25-27.5-4-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 4. (a) The committee may grant temporary certification to an applicant who:

(1) meets the qualifications for certification under section 1 of this chapter except:

- (A) for the taking of the **next scheduled** NCCPA examination; or
- (B) if the applicant has taken the NCCPA examination and is awaiting the results; or

(2) meets the qualifications for certification under section 1 of this chapter but is awaiting the next scheduled meeting of the committee.

(b) A temporary certification is valid until: ~~the earliest of the following:~~

- (1) the results of an applicant's examination are available; **and**
- (2) the committee makes a final decision on the applicant's request for certification.

**(c) The committee shall immediately revoke a temporary certificate under this section upon notice to the committee that the temporary certificate holder has failed the NCCPA examination. The committee may extend a temporary certificate at the discretion of and on the terms agreed upon by a majority vote of the members appointed to the committee at the committee's next regularly scheduled meeting.**

**(d) A physician assistant practicing under a temporary certificate must practice with onsite physician supervision. ~~and, notwithstanding IC 25-27.5-5-4, may not dispense drugs or medical devices.~~**



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~~(d)~~ (e) A physician assistant who notifies the ~~board~~ **committee** in writing **and returns the individual's wallet certificate and wall certificate issued under this article** may elect to place the physician assistant's certification on an inactive status.

**(f) An individual who holds a certificate under this article and who practices as a physician assistant while:**

**(1) the individual's certification has lapsed; or**

**(2) the individual is on inactive status under this section;**

**shall be considered to be practicing without a certificate and is subject to discipline under IC 25-1-9.**

SECTION 21. IC 25-27.5-4-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 5. (a) A certificate issued by the committee expires on a date established by the health professions bureau under IC 25-1-5-4 in the next even-numbered year following the year in which the certificate was issued.

(b) An individual may renew a certificate by paying a renewal fee on or before the expiration date of the certificate.

(c) If an individual fails to pay a renewal ~~fee~~ on or before the expiration date of a certificate, the certificate becomes invalid **and must be returned to the committee.**

SECTION 22. IC 25-27.5-4-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. (a) An individual who is certified under this chapter shall notify the committee in writing **and return the individual's wallet certificate and wall certificate** when the individual retires from practice.

(b) Upon receipt of the notice, the committee shall:

(1) record the fact the individual is retired; and

(2) release the individual from further payment of renewal fees.

SECTION 23. IC 25-27.5-5-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1. **(a)** This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

**(b) This chapter does not allow the independent practice by a physician assistant of any of the activities of other health care professionals listed in IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).**

SECTION 24. IC 25-27.5-5-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 2. **(a)** A physician assistant must engage in a dependent practice with physician supervision. A physician assistant may perform, **under the supervision of the supervising physician**, the duties and responsibilities that are delegated by the supervising physician **and that are within the**

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supervising physician's scope of practice, including prescribing and dispensing drugs and medical devices. A patient may elect to be seen, examined, and treated by the supervising physician. The patient must be treated by a physician if after two (2) previous visits to the physician assistant the patient has seen no appreciable improvement in the condition for which the patient is receiving treatment.

(b) A working diagnosis made by the physician assistant must be:

- (1) confirmed; and
- (2) the final diagnosis made;

by the supervising physician or physician designee under IC 25-27.5-6-1(b).

SECTION 25. IC 25-27.5-5-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 4. (a) ~~The board may adopt rules under IC 4-22-2 to determine the appropriate use of prescription drugs by a physician assistant. Except as provided in subsections (b), (c), (d), and (g), a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.~~

(b) A physician assistant may not prescribe, dispense, or administer ophthalmic devices, including glasses, contact lenses, and low vision devices.

(c) A physician assistant may not prescribe, administer, or monitor general anesthesia, regional block anesthesia, and deep sedation. A physician assistant may not administer light conscious sedation during diagnostic tests, surgical procedures, or obstetrical procedures unless the following conditions are met:

- (1) A physician is physically present in the area and is immediately available to assist in the management of the patient.
- (2) The physician assistant is qualified to rescue patients from deep sedation and is competent to manage a compromised airway and to provide adequate oxygenation and ventilation.

(d) A physician assistant may not prescribe drugs unless the physician assistant has successfully completed at least thirty (30) contact hours in pharmacology from an educational program that is approved by the committee and an accrediting agency.

(e) As permitted by the board, a physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. Prescription and administration of drugs may include:

- (1) all legend drugs approved by the supervising physician;



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(2) not more than a seven (7) day supply of scheduled substances listed under IC 35-48-2 approved by the supervising physician.

(c) Notwithstanding subsection (b), a physician assistant may not dispense a scheduled substance listed under IC 35-48-2.

(f) A physician assistant may request, receive, and sign for professional samples of drugs and may distribute professional samples of drugs to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.

SECTION 26. IC 25-27.5-5-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 6. (a) Except as provided in section 4(d) of this chapter, a supervising physician may delegate authority to a physician assistant to prescribe:

- (1) legend drugs, except as provided in IC 25-27.5-5-4(e);
- (2) not more than a seven (7) day supply of controlled substances (as defined in IC 35-48-1-9) at one (1) time; and
- (3) medical devices except ophthalmic devices, including glasses, contact lenses, and low vision devices.

(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician.

(c) A physician assistant who is delegated the authority to prescribe legend drugs or medical devices must do the following:

- (1) Enter on each prescription form that the physician assistant uses to prescribe a legend drug or medical device:
  - (A) the signature of the physician assistant;
  - (B) the initials indicating the credentials awarded to the physician assistant by the NCCPA; and
  - (C) the physician assistant's state certificate number.
- (2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.

(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.

(e) A physician assistant who is delegated the authority to prescribe controlled substances under subsection (a) must do the following:

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**(1) Obtain an Indiana controlled substance registration and a federal Drug Enforcement Administration registration.**

**(2) Enter on each prescription form that the physician assistant uses to prescribe a controlled substance:**

**(A) the signature of the physician assistant;**

**(B) the initials indicating the credentials awarded to the physician assistant by the NCCPA;**

**(C) the physician assistant's state certificate number; and**

**(D) the physician assistant's federal Drug Enforcement Administration (DEA) number.**

**(3) Comply with all applicable state and federal laws concerning prescriptions for controlled substances.**

**(f) A supervising physician may delegate to a physician assistant the authority to prescribe only controlled substances that may be prescribed within the scope of practice of the licensed supervising physician or the physician designee."**

Renumber all SECTIONS consecutively.

(Reference is to HB 1403 as printed January 30, 2002.)

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